

## State of Georgia Campaign Contribution Disclosure Report

### 1. Check One:

☒ **Original Report**

**OR**

☐ **Amendment**  
(Please indicate Reporting Period and Year of Original)

### 2. Filing is being made on behalf of:

☒ Candidate or Public Official  
(Office sought or held):

Richmond County Commissioner District 5  
[Include county, municipality, district, post or judicial circuit (ie. House District 113)]

**OR**

☐ Report of Organization or Person Other than Candidate's Campaign Committee

Filing office use  
Only

BD OF ELECTIONS  
JUL 7 '05

RICHMOND CO., GA

Use Earlier of Post  
Mark or Hand  
Delivered Date

### 3. Identifying and Contact Information

(1) Committee to ReElect Bobby Hankerson Commissioner  
Full Name of Candidate or Non-Candidate Campaign Committee (PAC, Corporation, etc)

(2) 7-1-05  
Today's Date

(3) 3312 Balkcom Dr. Augusta Richmond GA 30906  
Mailing Address City County State Zip Code

(4) (706) 790 - 9199 and / or ( ) -  
Contact Phone Number (We will understand the release of this information as permission to call your office if necessary.)

(5) If a Candidate or Public Officer, is there campaign committee (one or more persons) to make campaign transactions, keep the financial records of the campaign, or file the reports? ☒ **Y** or ☐ **N** (6) If so, is the Committee registered with the Secretary of State? ☒ **Y** or ☐ **N**

(7) If so, complete the following:

Elliott R. Bing Treasurer  
Name of Chairperson and / or Treasurer of said committee

### 4. Period for which you are Reporting

You Must Check Only One box

My Non Election Year	My Election Year	Run-Offs (Report Required Only if you are in a Run Off Election)	Special Elections (Report Required Only if you are in a Special Election)
<input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year) <ul style="list-style-type: none"> <li>Persons elected to office in each year following the year in which the election occurs</li> <li>Persons leaving office with excess funds until such funds are expended as provided in the Act</li> <li>Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only).</li> </ul>	<input type="checkbox"/> March 31, ____ (year) <input checked="" type="checkbox"/> June 30, <u>05</u> (year) <input type="checkbox"/> September 30, ____ (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> December 31, ____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off, ____ (year) <input type="checkbox"/> 6 days before General Run-Off, ____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off, ____ (year) <input type="checkbox"/> 6 days before Special Run-Off, ____ (year)	<input type="checkbox"/> 15 days before Special Primary, ____ (year) <input type="checkbox"/> 15 days before Special, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)

### Verification by Oath or Affirmation

State of Georgia County of Richmond  
I, Elliott R. Bing, being duly sworn (affirm), depose and say that the information in this report form is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing submitted, if also electronically filed.

Sworn to and subscribed before me on

July 1, 20 05

Notary Public

My Commission expires

8-25, 20 07

a. Signature of Candidate or b. Organization/Chairperson/Treasurer

PENALTIES: Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the Ethics in Government Act shall be guilty of a misdemeanor.

Do Not Forget to Notarize!!!



# State of Georgia - Campaign Contribution Disclosure Report

## Listed Contributions Received of \$101.00 or More

(1) Name  
☒ Original  
☐ Amendment

(1)

(1) Name

☐ Original  
☐ Amendment

Number *	(2) Full Name of Contributor & Mailing Address (PAC affiliation if applies)	(3) Contributor			(4) Contribution Accepted for which Election	(5) Cash Amount	(6) In-Kin	
		Date Contribution Received	Occupation	Employer			Estimated Value	
1	Thomas F. Boyles 2711 Boars Head Rd Augusta, GA 30907	4/14/05	Commissioner	Augusta PC	General	\$ 110.00	\$	
2	Rural Metro Corp 1834 Barnwell St. Columbia, SC 29201	4/14/05	-	-		\$ 300.00	\$	
3	Sterensand Palmer Eng. 360 Bay St Suite 400 Augusta, GA 30901	4/14/05	Business			\$ 200.00	\$	
4	Johnson, Laschob & Assoc. P.O. box 2103 Augusta, GA 30903	4/14/05	Business			\$ 500.00	\$	
5	DM I 115 Perimeter Ctr Place NE Ste 700 Atlanta, GA 30346	4/14/05	Business			\$ 1,000.00	\$ 998.40	Re Cau
6	David Beall 619 Greene St Augusta, GA 30901	4/14/05	Attorney			\$ 200.00	\$	

Page Total\*: \$ 2310.00 \$ 998.40

The Act requires all public officers, candidates, and campaign committees to list contributions received and expenditures made which are more and to disclose the total amount of all contributions received and expenditures made which are individually less than \$101.

\*For your convenience this column is provided so that you may number your entries. This may be of value in electronic filing, or should you need to amend in the future.

\*\*For the convenience of those persons preparing this document manually, we have included a place to add page totals. The use of page totals will make the completion of the

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